

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

1. The hospital in which the unit is located must meet the requirements of A. above;

and
 2. The unit must be rated at one of four levels of care based on severity of illness and intensity of service grouped by guidelines developed by the Louisiana Perinatal Commission and described in the *Hospital Services Manual*.
- I. To be eligible for reimbursement for services provided by a **Pediatric Intensive Care (PICU) Unit**, the unit must meet the following qualifications:
1. The hospital in which the unit is located must meet the requirements of A. above;

and
 2. The unit must be rated at one of two levels of care based on severity of illness and intensity of service described in the *Hospital Services Manual*.
- J. To be eligible for reimbursement for services provide by a **Transplant Unit**, the hospital must meet the following qualifications:
1. The hospital in which the unit is located must meet the requirements of A. above;

and
 2. The unit meets the requirements for an Organ Transplant Unit described in Attachemnt 3.1-A, Item 1;

and
 3. The hospital meets the criteria to qualify as a Medicare-designated transplant center.

NOTE: The Bureau's Health Standards Section may grant an exception to the qualifying criteria for a hospital whose transplant program was recognized by Medicaid of Louisiana prior to July 1, 1994.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-A
Item 1, Page 11

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

CITATION

42 CFR

Sec. 447

Subpart C

Medical and Remedial

Care and Services

Item 1 (cont'd)

III. Appeals Procedure

1. A hospital owner, administrator, board, or other governing body may appeal the rates determined for the hospital for inpatient services.
2. Appeals will be heard by the Department of Health and Hospitals Appeals Bureau.
3. The appeal procedures are as follows:
 - a. An appeal must be filed within thirty (30) days of receipt of notice of rate determination. The appeal must be in writing and shall be submitted to the Chief Administrative Law Judge, Department of Health and Hospitals Appeals Bureau. The appeal must contain the specific points and grounds of the appeal.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL
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ATTACHMENT 4.19-A
Item 1, Page 11a

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--IN-PATIENT HOSPITAL CARE

CITATION MEDICAL AND REMEDIAL
42 CFR CARE AND SERVICES
Sec. 447 Item 1 (Cont'd.)
Subpart C

- b. Upon receipt of an appeal, the Chief Administrative Law Judge shall schedule an informal discussion between the hospital and/or its representative(s) and state agency officials within (30) thirty days of receipt of the appeal. The hospital is required to participate in this discussion and may present the grievance(s) contained within the appeal at this discussion. The hospital shall also be provided the opportunity to talk to agency personnel involved in the rate determination, to review pertinent documents on which the rate is based, to ask questions and seek clarifications, or to provide additional information which may impact the target rate.
- c. Following the informal discussion, the agency shall inform the hospital in writing of the results of the informal discussion including such information as the names and identification of participants, place, date and time of meeting and summary of items discussed and information provided by the Department of Health and Hospitals, Bureau of Health Services Financing and the Appellant.

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STATE OF LOUISIANA

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If the informal discussion does not resolve all of the hospital's grievances, the hospital has the right to request an administrative hearing within (30) thirty days of the written notice of the results of the informal discussion.

- d. Requests for an administrative hearing shall be submitted in writing to the Department of Social Services/Department of Health and Hospitals Appeals Bureau within thirty (30) days of the agency's written notice of the results of the informal discussion. The request must contain a statement setting forth the grievance(s) of the hospital regarding the rate determination and must be accompanied by supporting documents.

Unless a timely and proper request is received by the Department of Social Services/Department of Health and Hospitals Appeals Bureau, the findings of the Agency shall be considered a final and binding administrative decision.

- e. Any party may appear and be heard at any proceeding described herein through an attorney-at-law or through a designated representative.

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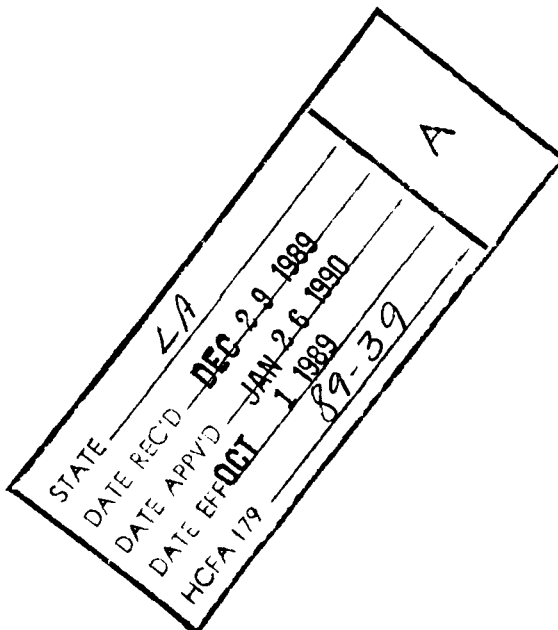
STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--IN-PATIENT HOSPITAL CARE

CITATION MEDICAL AND REMEDIAL
42 CFR CARE AND SERVICES
Sec. 447 Item 1 (Cont'd.)
Subpart C

- f. When an administrative hearing is scheduled, the DSS/DHH Appeals Bureau shall notify the provider and/or his attorney in writing of the date, time and place of the hearing. Notice shall be mailed not less than ten calendar days before the scheduled date of the hearing.
- g. The administrative hearing shall be conducted by a hearing officer who is authorized to conduct such hearings in accordance with the procedures and policy of the DSS/DHH Appeals Bureau, and La. R.S. 49:951 - et. seq..
- h. A complete record of the proceedings shall be reproduced when directed by the hearing officer. The record will also be transcribed and reproduced at the request of a party to the hearing provided he bears the cost of the copy of the transcript.
- i. Within sixty (60) days of the hearing, the DSS/DHH Appeals Bureau shall make a recommendation to the Secretary which addresses each grievance and the grounds for any recommended rate change, or will notify the appealing party of the reason why a recommendation cannot be made within that time period.
- j. Within ninety (90) days of the hearing, the decision of the DSS/DHH Appeals Bureau shall be provided in writing to the appealing party or the appealing party will be notified of the reason why a decision cannot be made within that time period.



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ATTACHMENT 4.19-A
Item 1, Page 13a

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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CITATION MEDICAL AND REMEDIAL
42 CFR CARE AND SERVICES
Sec.447 Item 1 (cont'd.)
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The decision of the DSS/DHH
Appeals Bureau shall be final
subject only to judicial review
by the courts as provided in La.
R. S. 49:951 et. seq..

- k. Subsequent to the decision of
DSS/DHH Appeals Bureau, the
hospitals's rate for inpatient
services shall be adjusted
accordingly.

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STATE OF LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE -- IN PATIENT HOSPITAL CARE

Citation

42 CFR 440.10

IV. Blood

The cost of all blood while hospital-
ized, if not covered by other sources
or replaced in the amount used, shall
be reimbursed on the basis of
reasonable cost.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-A
Item 14a

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial Services for Individuals Age 65 or Older in Institutions for Mental</u>
42 CFR	<u>Care and Services</u>
440.160	<u>Diseases are reimbursed as follows:</u>
OBRA-90	
P.L.	
101-508	
Sections	
4702-4703	

1. Payment is made at a prospective statewide prospective per diem rate. The rate is based on the statewide weighted average cost per day, using cost reporting periods ending in 1991 as a base period and trended forward by the Health Care Financing Administration's (HCFA's) target rate percentage for hospitals excluded from Medicare's prospective payment system (PPS). Rates for subsequent years will be updated annually effective January 1 of each year by increasing the previous year's per diem rate by HCFA's target rate percentage for non-PPS (PPS Exempt) hospitals/units for the applicable year. The subsequent application of the inflationary adjustment shall apply only in years when the state legislature allocates funds for this purpose. The inflationary adjustment shall be made by applying the inflation factor applicable to the current fiscal year to the most recently paid per diem rate.
2. Effective for services provided on or after July 1, 1988, hospitals qualifying as disproportionate share providers shall have payment adjustment factors applied in accordance with the guidelines outlined in Attachment 4.19-A, Item 1, Section D.

In addition to the above adjustment, effective for services provided on or after March 1, 1993, hospitals qualifying as disproportionate share providers under the guidelines outlined in Attachment 4.19-A, Item 1, Section D.1.a-d, shall have a lump sum payment issued for disproportionate share adjustment under the provisions of Section E, based on Indigent Care Days.

3. Effective July 1, 1994, disproportionate share payments for qualifying hospitals shall be in accordance with the methodology outlined in Attachment 4.19-A, Item 1, Sections 1.D and E. Public providers will no longer receive DSH payments under the methodology in Item 1, Section E.

Disproportionate share payments cumulative for all DSH payments under the pools or any other DSH payment methodology shall not exceed the federal disproportionate share state allotment for each federal fiscal year established under Public Law 102-234.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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ATTACHMENT 4.19-A
Item 16

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Inpatient Psychiatric Hospital Services for Individuals Under 21 are
42 CFR Care and Services reimbursed as follows:
440.160 Item 16

OBRA-90
P.L.
101-508
Sections
4702-4703

1. Payment is made at a prospective statewide prospective per diem rate. The rate is based on the statewide weighted average cost per day, using cost reporting periods ending in 1991 as a base period and trended forward by the Health Care Financing Administration's (HCFA's) target rate percentage for hospitals excluded from Medicare's prospective payment system (PPS). Rates for subsequent years will be updated annually effective January 1 of each year by increasing the previous year's per diem rate by HCFA's target rate percentage for non-PPS (PPS Exempt) hospitals/units for the applicable year. The subsequent application of the inflationary adjustment shall apply only in years when the state legislature allocates funds for this purpose. The inflationary adjustment shall be made by applying the inflation factor applicable to the current fiscal year to the most recently paid per diem rate.
2. Effective for services provided on or after July 1, 1988, hospitals qualifying as disproportionate share providers shall have payment adjustment factors applied in accordance with the guidelines outlined in Attachment 4.19-A, Item 1, Section D.

In addition to the above adjustment, effective for services provided on or after March 1, 1993, hospitals qualifying as disproportionate share providers under the guidelines outlined in Attachment 4.19-A, Item 1, Section D.1.a-d, shall have a lump sum payment issued for disproportionate share adjustment under the provisions of Section E, based on Indigent Care Days.

3. Effective July 1, 1994, disproportionate share payments for qualifying hospitals shall be in accordance with the methodology outlined in Attachment 4.19-A, Item 1, Sections 1.D and E. Public providers will no longer receive DSH payments under the methodology in Item 1, Section E.

Disproportionate share payments cumulative for all DSH payments under the pools or any other DSH payment methodology shall not exceed the federal disproportionate share state allotment for each federal fiscal year established under Public Law 102-234.

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